

Atty. Docket No. YOR20010010US1  
(590.043)

**RESPONSE UNDER 37 CFR 1.116  
-- EXPEDITED PROCEDURE --  
EXAMINING GROUP 2655**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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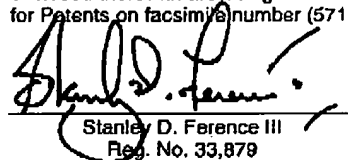
NOV 24 2006

In re Application of : Deligne et al.  
Serial No. : 09/808,312 Examiner : M. Opsasnick  
Filed : March 14, 2001 Art Unit : 2655  
For : MULTI-CHANNEL CODEBOOK DEPENDENT  
COMPENSATION

November 24, 2006

**AMENDMENT AFTER FINAL**

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being transmitted by facsimile to the Commissioner for Patents on facsimile number (571) 273-8300 on November 24, 2006.

  
Stanley D. Ference III  
Reg. No. 33,879

November 24, 2006  
Date of Signature

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Responsive to the Office Action dated August 23, 2006, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 6 of this paper.

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**NOV 24 2006**

## **FERENCE & ASSOCIATES**

409 Broad Street  
Pittsburgh, Pennsylvania 15143  
Phone: (412) 741-8400  
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### **USPTO FACSIMILE COVER SHEET**

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To: Commissioner for Patents  
Fax Number: (571) 273-8300  
Date: November 24, 2006  
Pages: 13 pages (including this cover sheet)

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#### **MESSAGE:**

**RESPONSE UNDER 37 CFR 1.116  
-- EXPEDITED PROCEDURE --  
EXAMINING GROUP 2655**

#### **MULTI-CHANNEL CODEBOOK DEPENDENT COMPENSATION**

Application No. 09/808,312  
Examiner M. Opsasnick  
Art Unit 2655

Amendment Transmittal  
Amendment After Final

YOR920010010US1  
(590.043)

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Amendment Transmittal

NOV 24 2006

Atty. Docket No. YOR920010010US1  
(590.043)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of : Deligne et al.  
Serial No. : 09/808,312 Examiner : M. Opsasnick  
Filed : March 14, 2001 Group Art Unit : 2655  
For : MULTI-CHANNEL CODEBOOK DEPENDENT COMPENSATION

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on November 24, 2006 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person mailing paper or fee)



(Signature of person mailing paper or fee)

Page 1 of 2

**FERENCE & ASSOCIATES**  
**Amendment Transmittal**

 Atty. Docket No. YOR920010010US1  
 (590.043)

5. ☐ Also enclosed: \_\_\_\_\_
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

|  | Claims<br>Remaining<br>After<br>Amendment<br>(Col. 1) | Highest<br>No. Prev.<br>paid for<br>(Col. 2) | Present<br>Extra<br>(Col. 3) | SMALL ENTITY |            |   | OTHER THAN A<br>SMALL ENTITY |             |
|--|---|--|------------------------------|--------------|------------|---|------------------------------|-------------|
|  |   |  |                              | RATE         | FEE        |   | RATE                         | FEE         |
| Total<br>Claims  | 17  | - ** 20                                      | = * *                        | x \$25       | =          | O | x \$50                       | = 0         |
| Ind.<br>Claims   | 3   | - *** 3                                      | = * 0                        | x \$100      | =          | O | x \$200                      | = 0         |
| <input type="checkbox"/> Multiple Dependent Claim<br>Presented |   |  |                              | + \$180      | =          | O | + \$360                      | =           |
|  |   |  |                              | <b>TOTAL</b> | = \$ _____ | O | <b>TOTAL</b>                 | = \$0 _____ |

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

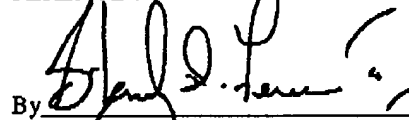
\*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$\_\_\_\_ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$\_\_\_\_ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE &amp; ASSOCIATES



 By \_\_\_\_\_  
 Stanley D. Ference III  
 Reg. No. 33,879
Dated: November 24, 2006

## Mailing Address:

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